

**TRAVEL EXPENSE CLAIM**See Instructions and Privacy  
Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME Aaron McLear			SSAN OR EMPLOYEE NUMBER			DEPARTMENT		
POSITION Press Secretary			CB/ID NUMBER			DIVISION OR BUREAU Governor's Office		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER		
CITY Sacramento			STATE CA			ZIP 95814		

MONTH/YEAR Mar-10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT			
4-Mar	6:35am	Sac - Columbus					890.80	plane	20.00	12	14	6.14	916.94	
5-Mar					7.00	15.00	6.00					0.00	28.00	
6-Mar					6.00		6.00					0.00	12.00	
7-Mar	8:45pm	Columbus - Sac				18.00	6.00		30.00	14	6.14		90.14	
												0.00	0.00	
												0.00	0.00	
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												0.00	0.00	
												0.00	0.00	
SUBTOTALS			0.00	0.00	13.00	33.00	18.00	890.80	0.00	80.00	28	12.28	0.00	
COLUMN CODE (ACCTG USE ONLY)														
CLAIM TOTAL												1032.74	\$1,047.08	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)  
Staffed GS in Columbus, OH.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445 50

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240944

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety.

CLAIMANT

DATE

SIGNATURE OF

DATE

SIGNATURE OF TITLE OF

R SPECIAL EXPENSES

DATE